

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8014

STATE FILE NUMBER

62-032502

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

Helen Lena (Komorowski) Haltinner Helen A. Haltinner DOCUMENT

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BY AFFIDAVIT OF Funeral Director

1. FILED AUG 22 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in lb LIFE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. CITY-HOSPITAL #1 FROM 1840 A. NO. 18TH ST.		d. STREET ADDRESS (If outside, give location) 1840 A. NO. 18TH ST.	
3. NAME OF DECEASED (Type or print) First Lena Middle (Komorowski) HELEN - A - HALTINNER		4. DATE OF DEATH Month AUG. Day 16TH Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-9-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <RETIRED> DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSE-WORK	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO.
13a. FATHER'S NAME IGNATZ - KOMOROWSKI		13b. MOTHER'S MAIDEN NAME ANNA - BALCZERAK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT JOHN-J-KOMOROWSKI - 1451 A. MONROE ST.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:30 P. Month, Day, Year March 1950	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST. LOUIS COUNTY MO. STATE MO.	
21. I attended the deceased from March 1950 to 8-16-62 and last saw her alive on 8-16-62		Death occurred at 2:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. Komorowski (Degree or title) M.D.		22b. ADDRESS 3220 Washington	
22c. DATE SIGNED 8-17-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE AUG. 20-1962		23c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY	
23d. LOCATION (City, town, or county) ST. LOUIS		23e. STATE MO.	
24. FUNERAL DIRECTOR Brockland Und. Co. 1822-HOGAN-ST		25. DATE RECD. BY LOCAL REG. AUG 17 1962	
26. REGISTRAR'S SIGNATURE Loan Smith . M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Larry E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.